

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

221872

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 66 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Ayman Abusamak / A Step Above Telephone: 704-605-1108
Dba Limos Service
Address: 1030 Edge Hill Rd S Apt 113 Fax: 704-900-6527
Charlotte NC 28207 Other: _____
Email: Ayman.Abusamak@yanac.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 2/16/10

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Ayman Abusamak dba

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

A Step Above Limo Service

1030 Edgell Rd S Ste 113 Charlotte N.C 28207

Street Address of Applicant

Mailing Address of Applicant if different from street address

704-605-1108

Phone

704-9006527

Fax

Ayman.Abusamak@yahoo.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business

☐ Corporation - List names and addresses of two principal officers.

RECEIVED
FEB 16 2010
PSC SC
CLERK'S OFFICE

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month _____ Year _____

Assets:

Cash	15,000.00
Receivables	10,000. month
Real Estate	
Buildings and Equipment (Net)	N/A
Motor Vehicles (Net)	35,000.00
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	4,000.00 month
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

Sedan Service \$45.00 ^{AN} Hour

Limo Service \$85.00 ^{AN} Hour

Van Service \$80.00 ^{AN} Hour

\$150.00 AN Hour Max

Countries to be Served:

York
Chester
Richland
Lexington

State Wide All Counties

Maximum Number of Passengers per Vehicle:

~~Sedan 4 Pass~~

~~Van 7 Pass~~

~~Van 15 Pass~~

~~Limo 10 Pass~~

Max 15 Pass

DESCRIPTION OF EQUIPMENT

[illegible]

Feb 11 10:09:55a

Ayman

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The following insurance quote is for:

A step above Insurance Service AYMAN ABISANAK
Name of Motor Carrier
1630 EDGEHILL DRIVE APT 202 Charlotte NC 28207
Address of Motor Carrier

Limits Quoted: (See Below)

Amount of Premium:

Liability Insurance \$ 3,000

Limits \$ 1,500,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers	\$ 25,000/50,000/25,000
8-15 Passengers	\$ 25,000/100,000/25,000

Universal Insurance Company
Name of Insurance Company
P.O. Box 25697 Winston Salem, NC 27114
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2/10/10 Charles H. Rivers
Date Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit FWAAyman S. Abusamak

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

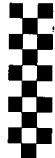
☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF _____)

Ayman Abusamak
Applicant's Signature

1. Ayman Abusamak, owner
Name of Applicant's Representative Title
of A Step Above Limo Service
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

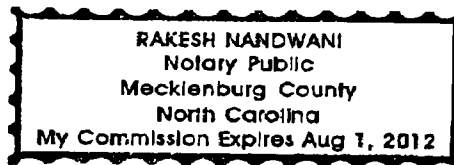
Ayman Abusamak
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 16 day of Feb, 2010

[Signature]
Notary Public

Commission Expires Aug 1st 2012



LITES - CONFIRMATION

<http://edmv-lts.dol.state.nc.us/lts/wlmjcsa#ionid=5c3016873a86d269db...>

DMV		Submitting Insurance - Form E	
		Confirmation	
Thank you. Fleet insurance information has been updated for your <i>Pending Insurance File.</i>			
Registrant Name(s) :		AYMAN ABUSAMAK	
Insurance Company :		UNIVERSAL INSURANCE COMPANY	
Insurance Code :		U18	
Policy :		JMA1002896 Address : 1030 EDGEHILL RD APT 202	
Effective Date :		11/02/2009 City : CHARLOTTE	
Cancel Date :		NA State : NC	
Transaction Date :		11/03/2009 Zip : 28207-1872	
Please select one of the following options:			
<input type="checkbox"/> Print Confirmation			
<input type="checkbox"/> Print Confirmation and Insurance Card			
<input type="checkbox"/> Print Confirmation and Insurance Card and Receipt			